

**P. O. Box 2120
RICHMOND, VA 23218-2120
GED APPLICATION**

School Division, Military Installation, or Institution	Code
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1.	Social Security Number:			Telephone Number						
2.	Name for Certificate	Last		First	M.I.	Mr., Mrs. Miss, Ms. (Circle One)				
3.	Maiden Name	Last		First	M.I.					
4.	Mail Certificate to	Address								
		City			State	Zip Code				
5.	Permanent Address	Address			City	State	Zip Code			
6.	Date of Birth	M o	Day	Yr	Place of Birth	City	State			
7.	Sex:	Male	Female	Height	ft.	in.	Weight	Color of Eyes	Color of Hair	Race/Ethnic

8. Year last attended civilian school _____ Year

9. Circle highest grade of school you completed 4 5 6 7 8 9 10 11

10. Name and Address of civilian school last attended _____
Name

Address City State

11. If you have previously taken the GED test complete the following.

Where	_____	When	_____	Test Form	_____
	Location of Center State		Date if known		if known

Official transcript for non-Virginia scores has been requested _____ Yes No

Date _____ *Signature of Applicant _____

Date _____ Signature of Authorized School Official _____

*Applicant must sign in the presence of authorized school official. Military personnel and out-of-state adults must sign in the presence of a responsible school official or military Educational Officer.